# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR JESSICU	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Cantu	007714	Abilene City Secretary	
4 CANDIDATE / OFFICEHOLDER MAILING		CITY; STATE; ZIP CODE	APR <b>26</b> 2019	
ADDRESS  Change of Address	5249 Benbrook St.	79605	Filed for Record	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(325) 627-8293		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MERCALTH	MI	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Bryant		Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE	
ADDRESS	250 Elm Covu	Abilene, Tx.	79005	
(Residence or Business)	Circle	166(10 10) (4.		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 721.7799	EXTENSION		
A DEDOCT TVDE			-	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Bth day before elec	ction Exceeded \$500 Ilmit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	04 / 05/2019	THROUGH 04	26/2019	
11 ELECTION	ELECTION DATE	ELECTION TYPE	,	
	Month Day Year Primary  05 04 19 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	in Conacil	
		Abilene C Plac	ity Council	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME JESSICA CANTU 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	GENERAL COMMITTEE NAME  Campaign of JESSICA Cantu			
	SPECIFIC COMMITTEE ADDRESS 5249 Benbrook St. Abilene	COMMITTEE ADDRESS		
Additional Pages	Meridith Bryant	· · · · · · · · · · · · · · · · · · ·		
	250 Elm Cove Circle Abile	no,TX.79005		
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 75.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 425.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4.10			
	4. TOTAL POLITICAL EXPENDITURES	\$ 504.30		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 525.22		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 211.99		
18 AFFIDAVIT				
SHAWNA LEIGH ATKINSON Notary Public, State of Texas Notary Public, State of Texas Notary ID 131287597  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  When the companying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said <u>Jescica Canto</u> , this the <u>Driller</u> , this the <u>day of ADriller</u> , to certify which, witness my hand and seal of office.				
1)/				
TOTALS    TOTAL POLITICAL CONTRIBUTIONS   \$ 15.00				

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	JESSICA Cantu 20 Filer ID	(Ethics Commission Filers)	
21	SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$500.12	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	is \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Jessica Cantu 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_ Paul Matta \$100.00 04/06/19 6 Contributor address; City; State; Zip Code 1942 N. 3rd Abilene, TX. 79403 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired NIN ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) \$250.00 2006 Sayles Blvd. Abilene TX. 79605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pretired Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 4115119 6 Amount (\$) State: Zip Code ine St. Abilene, TX.79601 \$60.89 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Advirtising Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 04/12/19 Dollar Tree Amount (\$) City; State; Zip Code Abilene, Tx. 79601 1790 state Hwy 351 \$10.24 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** EVENT EXPENSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Best Printing 04/12/19 Amount (\$) City; State; Zip Code Abilene Tx. 79001 \$ 12.99 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedula Te Advertising OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME JESSICA Cant	3 Filer ID (Ethics Commission Filers)		
4 Date 04/12/19	City of Abilenc Parks Division			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$70.00	1033 Walnut Abilene TI	(.79401		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Evint expinsu	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
04/08/19	Jessica Caritu			
Amount (\$)	Payee address; City; State; Zip Code			
<b>\$</b> 40. <u>∞</u>	5249 Benbrook St. Abilene, TX. 79405			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check If travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Loan Repayment	Check If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name .			
0419119	Jessica Cantu			
Amount (\$)	Payee address; City; State; Zip Code	111		
*200, <u>00</u>	5249 Benbrook St. +	DIWNUTT 19605		
11100 900 00 20 20 90	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Lacia On Dallacable	Check if travel outside of Texas. Complete Schedule T,		
EXPENDITURE	Loan Repayment	Check If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Otonations Made By
Candidate/Otonations/Otonations/Otonations/Otonations/Otonations/Otonations/Otonations/Otonations/Otonations/Otonations/Otonations

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME JESSICA CANTU	3 Filer ID (Ethics Commission Filers)		
D4108119	7ach Espinoza			
\$   DO . 00	Payee address; City; State; Zip Code U09 WeSTVUW Dr. A	•		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  LOAN Repayment	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name	1.4		
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				